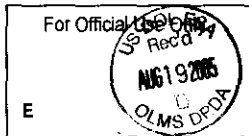


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4841</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Don</u> <u>Henle</u> P.O. Box, Bldg., Room No., if any Street <u>2078 Round Grove Road</u> City <u>Central City</u> State <u>Iowa</u> ZIP Code + 4 <u>52214</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers AFL/CIO Local Union 263</u> Labor Organization File Number <u>023-962</u> P.O. Box, Building and Room Number, if any Street <u>1211 Wiley Blvd. SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404-1320</u>
5. Position in labor organization. <u>Union Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Information on this form is my best present recollection.
Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Don Henle</u>	On <u>8/9/05</u> Date	<u>438 1428</u> Telephone Number

Name of Person Filing Do Henle	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Sheet Metal Workers Local Union

Trade Name, if any: No. 263 Health and Welfare Plan

P.O. Box, Bldg., Room No., if any

Street 1211 Wiley Blvd. SW

City Cedar Rapids

State Iowa ZIP Code + 4 52404

11.a. Nature of such dealing.

1. See schedule from Form LM-10 - Part B attached.

Union Trustee on Joint Board of Trustees which administers Plan.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

1. See schedule from Form LM-10 - Part B attached.

12.b. Amount.

\$1,139

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Do: Henle	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input style="width: 80%;" type="text"/> Sheet Metal Workers Local Union Savings Plan</p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/> 1211 Wiley Blvd. SW</p> <p>City <input style="width: 80%;" type="text"/> Cedar Rapids</p> <p>State <input style="width: 20%;" type="text"/> Iowa ZIP Code + 4 <input style="width: 20%;" type="text"/> 52404</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> Expense reimbursement (cash) for expenses incurred in attending Trustee educational conference, San Diego, California 1/27/04. Mr. Henle is a Union Trustee on the Joint Board of Trustees which administers the Plan. </div> <p>11.b. Approximate dollar value of such dealing. <input style="width: 50%;" type="text"/> \$716</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input style="width: 50%;" type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 80%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input style="width: 50%;" type="text"/></p>

Part B

Name of Reporting Employer: Sheet Metal Workers Local Union No. 263	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state) Job Site Union Sheet Metal Worker	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name Don Henle P.O. Box, Building and Room Number, if any Street 2078 Round Grove Road City Central City State Iowa ZIP Code + 4 52214		9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization Climate Engineering, Inc. P.O. Box, Building and Room Number, if any P.O. Box 401 Street 883 Shaver Rd NE City Cedar Rapids State Iowa ZIP Code + 4 52402-4507	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. None		10.b. The promise, agreement, or arrangement was: <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)	
02/04/2004 11/03/2004 01/27/2004	210 211 717	Payment - Cash Payment - Cash Payment - Cash	
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. Lost time and conference expense			